

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics



FORM-GB

Gift or Bequest Information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL

Name of Department or Office
3211 EDGINGTON AVENUE

ELDORA IA 50627

Mailing Address
641-858-4402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

khagedo@dhs.state.ia.us

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Aux. #262, c/o Ms. Evelyn Fredrichs

Name

PO Box 443

Wall Lake, IA 51466

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/10/11

\$25.00

Date of Gift or Bequest

Amount/Value

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

cash donation to be used towards student Christmas fund

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
Signature

Nov. 10, 2011

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****FORM-GB**Gift or Bequest information received
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Reset Form

2011 NOV 10 PM 8:26
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**DHS Glenwood Resource Center**

Name of Department or Office

711 South Vine Street

Glenwood, IA 51534

Mailing Address

712-525-1683

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Brady Werger

Name

116 Augusta Circle

Waverly, IA 50677

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

10/29/11

\$325.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Drum set for use by Clients

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messenger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.



Signature

11/07/2011

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**DHS Glenwood Resource Center**

Name of Department or Office

711 South Vine Street

Glenwood, IA 51534

Mailing Address

712-525-1683

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Glori Hall

Name

513 West St

Whitney, IA 51063

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

10/24/2011

\$735.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Premier jewelry for Client use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/07/2011

Date